

This information should be completed and submitted online by each grantee receiving less than \$25,000 in total state grant funds.

State Grants Compliance Reporting ≤ \$25,000

All forms must be completed electronically by logging in to www.ncgrants.gov

To log in users must have an NCID and password.

To create an NCID and password, visit this site:
<https://ncid.nc.gov/login/accountTypeSelection.htm>

Each grantee receiving at least \$1 but less than \$25,000 should complete the basic information requested here relative to the organization, as well as the accounting for State funds received, used or expended, and a description of activities and accomplishments undertaken by the grantee with the State funds.

1. Organization:	
Organization Name:	
Tax Identification #:	
Organization Fiscal Year End: (mmddyyyy)	
Mailing Address (street, city, state, zip code):	
Phone Number (area code + number):	
Fax Number (area code + number):	
Contact Person:	
Contact Person Title:	
E-Mail Address:	

2. Preparer: [PLEASE INDICATE WHO PREPARED THIS INFORMATION BY CHECKING]	<input type="checkbox"/> Employee	<input type="checkbox"/> CPA/Accountant
Name of Preparer:		
Phone Number:		

3. Please provide a list of the Organization's Board Members. [ADD ADDITIONAL PAGES, IF NEEDED]	
Name of Board Member	Board Member Title

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G.S. 143-6.2 (repealed June 30, 2007), G.S. 143C-6-23 (effective July 1, 2007) and the North Carolina Administrative Code 09 NCAC 03M requires that every non-State entity that receives, uses, or expends any State funds shall use or expend the funds only for the purposes for which they were appropriated, and that the grantee must have a Conflict of Interest Policy. Please answer the following questions:

4. What restrictions are placed upon the grant by the grant award document? If the grant award document does not identify specific restrictions, please identify the intended use of the grant funds as included in the award document.

Restrictions:

5. Does the organization have a Conflict of Interest policy?	<input type="checkbox"/>	yes	<input type="checkbox"/>	no
6. Is the organization a for profit entity?	<input type="checkbox"/>	yes	<input type="checkbox"/>	no

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7. Did the organization subgrant or pass down any funds to another organization? ☐ yes ☐ no

If yes, answer the following:

a. Name of Subgrantee	b. Program Name	c. Amount Subgranted

8. Financial Accounting: [Complete based on total dollars received, used or expended from this grant during this fiscal year]

a. Receipts

Funding State Agency	Grant Title	Total Receipts

b. Expenditures

Category	Dollar Amount
Salary/Wages/Benefits	
Contracted Services	
Supplies and Materials	
Travel (example employee mileage, meals, hotel)	
Communication Costs (example telephone, postage, freight)	
Occupancy Costs (example rent, utilities, repair and maintenance)	
Advertising and Promotions	
Insurance and Bonding	
Capital Outlay (example furniture/equipment, data processing)	
Grants and Contracts	
Fundraising	
Other (provide description here): _____	
Total Expenditures	

Unexpended cash balance (do NOT use with reimbursement grants)

Beginning of the year cash balance	
End of the year cash balance	

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9. Program Activities and Accomplishments:	
In compliance with the requirements of G.S. 143C-6-23, <i>Use of State funds by non-State entities</i> , the following is a description of activities and accomplishments undertaken by our organization using the provided state funding.	
Original Goals	Brief Narrative of Program Accomplishments